



# Center for Psychological Discovery

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KATRINA L. LOKKEN, Psy.D. | WHITNEY E. WOODCOX, Psy.D. | COURTNEY BARON, LPC | NICOLE ONORATO, LPC

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## Consent for Returning to In-Person Psychological Services

This Consent for Returning to In-Person Psychological Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully, and let us know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, our practice has transitioned to providing most services via telecommunications technology. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, teletherapy services may not be adequate, and in-person services may be more appropriate, such as in certain psychological testing needs, or in the case where therapeutic services cannot be administered privately.

We have determined that in-person services are appropriate at this time for your situation. The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but this practice will make the final determination based on a careful weighing of the risks and applicable regulations.

It is also important to consider that, although insurance reimbursement for teletherapy services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect, and teletherapy may no longer be reimbursed by your insurance company.

In order for me to provide you with in-person services, the following protocols must be followed by patients/clients and providers:

- Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas whenever possible. The only exception to this is when the examiner might move closer to the individual for testing but will be masked at those times.
- Patients/clients and providers will be required to wear face coverings/face shields or masks while in the office. If you do not have a face covering, one will be provided to you.
- Hand washing at the outset of testing will be required, and possibly at regular intervals as the provider deems necessary. Hand sanitizer will be provided at the office entrance and must be used upon entering the office.

286 SOUTH MAIN STREET, SUITE 200, ALPHARETTA, GA 30009

PHONE: (678) 820-8386 | FAX: (770) 234-5889

- There will be no physical contact with others in the office.
- You will be asked to wait in your vehicle or outside the office and text your provider that you have arrived. The provider will come out to greet you and notify you that you can enter the office.
- Once dropping off your child(ren) for therapy or testing, you will be asked to wait in your car or elsewhere, outside of the office, to decrease risk of infection spread. Only during certain situations where this has been previously discussed will parents be allowed to remain in the waiting room.
- You agree not to present for in-person services if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19 or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks.
- If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all of these protocols.

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services or to consider transitioning to remote services, please let me know.

By signing below, you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

\_\_\_\_\_  
Patient/Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date